

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-050792

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 4 1966

1. PLACE OF DEATH

a. COUNTY

Taney

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Branson

Length of stay in 1b

5 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Taney

c. CITY OR TOWN

Branson

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

305 Sunshine

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Walter Lloyd Wallace

4. DATE OF DEATH

Month

Day

Year

Dec. 22, 1965

5. SEX

female

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Jun. 7, 1895

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months 6 Days 15

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10b. KIND OF BUSINESS OR INDUSTRY

UNKNOWN

11. BIRTHPLACE (City and state or country)

Queen City, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William E. Wallace

13b. MOTHER'S MAIDEN NAME

Alice Parker

14. NAME OF HUSBAND OR WIFE

Ethel Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes

17. INFORMANT

Address

Mrs Ethel Wallace Branson, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 61 to Dec 22, 1965 and last saw him alive on Dec 22, 1965. Death occurred at 4:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

Dec. 23, 1965

23c. NAME OF CEMETERY OR CREMATORY

Moline Cemetery

23d. LOCATION (City, town, or county)

Moline, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Walter Cobb

Branson, Missouri

25. DATE RECD. BY LOCAL REG.

12-30-65

26. REGISTRAR'S SIGNATURE

Selen Campbell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 1060

2 1060

3

4 1

5 1

6

7 0

8 0

9 420.1

10

11

12 90-0

13 1-2

JAN 5 1966

JAN 11 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Branson, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.